

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14846

FILED APR 22 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>5644</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lexington Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodloe Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>2644 North 24th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Henry</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>Frazier</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>2</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 6, 1889</u>		9. AGE (In years last birthday) <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Fraizer</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Hogg</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Steve Fell Waverly Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes mellitus</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 2, 1953</u> to <u>Jan 2, 1953</u> , that I last saw the deceased alive on <u>Jan 2, 1953</u> and that death occurred at <u>2:00 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Dr. H. H. Hershberger</u>				23b. ADDRESS <u>Highway 100, Mo.</u>		23c. DATE SIGNED <u>Apr. 16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-5-53</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Grand Pass Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Grand Pass, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-20-53</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Eastbrook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberger Marshall Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

540
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1953

APR 22 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.